

Date Received _____

Check # _____

FEE: 25.00

Permit # _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION FOR LICENSE TO SELL
FROZEN DESSERTS AND/OR ICE CREAM MIX
2015**

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Establishment _____ Date _____

Business Address _____ Phone# _____

Mailing Address (If Different)

Owner, Corporation, or Partnership Information

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Phone#</u> |
|-------------|--------------|----------------|---------------|
| | | | |
| | | | |

Name and contact information for certified coliform testing laboratory:

Name _____ Phone # _____

Address _____

Name and contact information for frozen dessert mix manufacturer:

Name _____ Phone # _____

Address _____

Is the mix pasteurized? All milk-based products must be pasteurized. Yes _____ No _____

Is the water supply public or private? Yes _____ No _____

Number of freezers/dispensers located at the Food Service Establishment _____

Regulation: M.G.L. Chapter 94 Section 65G-U

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made hereunder and will be manufactured under sanitary conditions.

Signature _____ Date _____

PERMIT FEE: \$25.00**CHECK OR MONEY ORDER ONLY****FEE IS NON-REFUNDABLE**